

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11 1997 8:00am  
Secretary of State

DOCUMENT # 219579 (0)

1. Corporation Name  
PEERLESS INVESTMENT CORPORATION

Principal Place of Business  
4456 SE FEDERAL HIGHWAY  
STUART FL 34997

Mailing Address  
4456 SE FEDERAL HIGHWAY  
STUART FL 34997-5746



3. Date Incorporated or Qualified  
01/27/1963

3a. Date of Last Report  
08/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number  
59-0967358

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCANTHONY, ARMAND  
4456 SE FEDERAL HWY  
STUART FL 33497

81 Name  
MarcAnthony Eugene  
82 Street Address (P.O. Box Number is Not Acceptable)  
4456 SE Federal Hwy

83  
84 City  
Stuart

FL 85 Zip Code  
34997

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Eugene MarcAnthony*

Eugene MarcAnthony  
PD

2/12/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MARCANTHONY, ARMAND  
STREET ADDRESS 4456 SE FEDERAL HWY  
CITY - ST - ZIP STUART FL

1.1 TITLE PD  
1.2 NAME MarcAnthony, Eugene  
1.3 STREET ADDRESS 4456 SE Federal Hwy  
1.4 CITY - ST - ZIP Stuart FL

TITLE ST  
NAME MARCANTHONY, ELEANOR  
STREET ADDRESS 4456 SE FEDERAL HWY  
CITY - ST - ZIP STUART FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE VD  
NAME MARCANTHONY, EUGENE  
STREET ADDRESS 4456 SE FEDERAL HWY  
CITY - ST - ZIP STUART FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eugene MarcAnthony*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD

2/12/97 561/293-0783

Date Daytime Phone #

CR2E034 (9/96)